

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581712

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1		1			52						
3		2		1			53						
4		3		1			54						
5		4		1			55						
6		5		1			56						
7		6		1			57						
8		7		1			58						
9		8		1			59						
10		9		1			60						
11		10		1			61						
12		11		1			62						
13		12		1			63						
14		13		1			64						
15		14		1			65						
16		15		1			66						
17		16		1			67						
18		17		1			68						
19		18		1			69						
20		19		1			70						
21		20		1			71						
22		21		1			72						
23		22		1			73						
24		23		1			74						
25		24		1			75						
26		25		1			76						
27		26		1			77						
28		27		1			78						
29		28		1			79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	28	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			29				TOTAL CLAIMS						